



Your business
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 26, 2017

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 14-58
2017 ETC Annual Report of Bledsoe Telephone Cooperative
Study Area Code 290554**

Dear Ms. Dortch:

On behalf of Bledsoe Telephone Cooperative ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form****REDACTED FOR PUBLIC INSPECTION**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	290554
<015>	Study Area Name	BLEDSON TEL COOP
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Charles H. Boring
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4234472121 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	cboring@bledson.net
Form Type		54.313 and 54.422

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
<015>	Study Area Name	BLEDSON TEL COOP
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4234472121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

	Name of Attached Document
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<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

	Name of Attached Document
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(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
<015>	Study Area Name	BLED SOE TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Charles H. Boring
<035>	Contact Telephone Number - Number of person identified in data line <030>	4234472121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	Offered only fixed voice 0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	Offered only fixed broadband 0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
290554tn510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	Yes

(600) Functionality in Emergency Situations Data Collection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	290554tn610.pdf

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<015>	Study Area Name	BLED SOE TEL COOP
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4234472121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net
<810>	Reporting Carrier	Bledsoe Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Bledsoe Telephone Cooperative, Inc.

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
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<030>	Contact Name - Person USAC should contact regarding this data	Charles H. Boring
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledse.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
<015>	Study Area Name	BLEDSON TEL COOP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

290554tn1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	290554
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<030>	Contact Name - Person USAC should contact regarding this data	Charles H. Boring
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<p><2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<p><2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<p><2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<p><2024A> Round 2 Recipient of Incremental Support?</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 200px; height: 60px;"></div>
<p><2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.</p>	<p>Name of Attached Document Listing Required Information</p>	<div style="border: 1px solid black; width: 200px; height: 60px;"></div>
<p><2025A> Round 2 Recipient of Incremental Support?</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<p><2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).</p>	<p>Name of Attached Document Listing Required Information</p>	<div style="border: 1px solid black; width: 200px; height: 60px;"></div>
<p><2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
<015>	Study Area Name	BLED SOE TEL COOP
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<030>	Contact Name - Person USAC should contact regarding this data	Charles H. Boring
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		290554tn3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Yes - Attach New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	290554tn3012.xlsm
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	290554tn3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or		<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

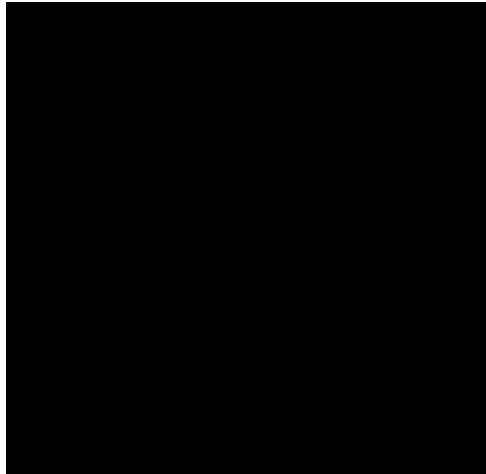
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledse.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	290554
<015> Study Area Name	BLEDSON TEL COOP
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<030> Contact Name - Person USAC should contact regarding this data	Charles H. Boring
<035> Contact Telephone Number - Number of person identified in data line <030>	4234472121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cboring@bledson.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	BLEDSON TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/23/2017
Printed name of Authorized Officer:	Charles Boring
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	4234472121 ext.
Study Area Code of Reporting Carrier:	290554 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	BLEDSON TEL COOP
Name of Authorized Agent Firm:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/20/2017
Name of Authorized Agent Employee:	John Staurulakis, Inc.
Title or position of Authorized Agent or Employee of Agent	Staff Director - Regulatory
Telephone number of Authorized Agent or Employee of Agent:	7705692015 ext.1
Study Area Code of Reporting Carrier:	290554 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**Bledsoe Telephone Cooperative Corporation
Demonstration of Complying with Applicable Service Quality Standards and
Consumer Protection Rules**

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

As a Cooperative, and in accordance with Tennessee Code Annotated, Title 65 Public Utilities and Carriers, Chapter 29 Telephone Cooperatives, Bledsoe Telephone Cooperative Corporation (“Company”) is not governed by the Rules of the Tennessee Regulatory Authority for service quality standards and consumer protection rules. However, the Company in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those required of ILEC’s in the State of Tennessee, allowing the Company to meet or exceed existing TRA rules. These procedures include, but are not limited to, the following: (1) publishing

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

the rates, terms, and conditions of service; (2) implementation of anti-slamming and consumer protection procedures; (3) modeling bill presentation to reflect the truth-in-billing requirements; and (4) CPNI, Red Flag Rules, and other applicable federal requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order.

Bledsoe Telephone Cooperative Corporation
Demonstration of Ability to Function in Emergency Situations for Voice and
Broadband Services

Bledsoe Telephone Cooperative Corporation (“Company”) hereby certifies that it is able to function in emergency situations as set forth in Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2).¹ The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

As a Cooperative, and in accordance with Tennessee Code Annotated, Title 65 Public Utilities and Carriers, Chapter 29 Telephone Cooperatives, Company is not governed by the Rules of Tennessee Regulatory Authority, Chapter 1220-4-2, 1220-4-2-.23 Emergency Operation. However, Company is in compliance with all Federal emergency situations rules, since the Company’s central offices have adequate provision for emergency power. In addition, these backup power provisions also enable Company to meet or exceed existing TRA rules for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Company has

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

REDACTED FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 290554

<015>	Study Area Name	BLED SOE TEL COOP
-------	-----------------	-------------------

<020> Program Year 2018

<030> Contact Name - Person USAC should contact regarding this data Charles H. Boring

<035>	Contact Telephone Number - Number of person identified in data line <030>	4234472121 ext.
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<039> Contact Email Address - Email Address of person identified in data line <030> cborinq@bledsoe.net

1/1/2017

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290554
<015>	Study Area Name	BLED SOE TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Charles H. Boring
<035>	Contact Telephone Number - Number of person identified in data line <030>	4234472121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cboring@bledsoe.net

[illegible]

Bledsoe Telephone Cooperative Lifeline Initial Enrollment Form

REDACTED FOR PUBLIC INSPECTION

Line - 1210

Please complete Sections 1, 2 and 3 below. *You must provide proof of your eligibility along with this application.*

SECTION 1 - Applicant Information (*Applicant is the person who has telephone and/or broadband service with the company*).

Choose **ONE** service to apply the Lifeline discount: (check with provider for availability)

Telephone

Broadband Internet

Service Bundle (Phone and Internet)

If you have Lifeline (free/reduced phone service; broadband internet service or a bundled package with phone and broadband internet service) with another company, do you give Bledsoe Telephone Cooperative permission to transfer the Lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.**

Yes, transfer my Lifeline service

No, do not transfer my Lifeline Service

I do not currently have Lifeline

First Name*

Middle Name/Initial

Last Name*

Date of Birth*

Last 4-Digits of SSN*

Phone Number

Email Address

Residential Street Address (*No PO Boxes*)*

Unit #

City*

State*

Zip Code*

Is your residential address permanent?*

Yes
No

Is this address occupied by multiple households?

(*if yes, complete Lifeline Household Worksheet on Page 3*)

Yes
No

Billing Address (*if different*)

Unit #

City

State

Zip Code

Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name

Last Name

Date of Birth

Last 4-Digits of SSN

Relationship to Applicant

SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.*

2016 135% of the Federal Poverty Guidelines (annual household income before tax)

1 person up to \$16,038 per year 2 people up to \$21,627 3 people up to \$27,216 4 people up to \$32,805 5 people up to \$38,394 6 people up to \$43,983
7 people up to \$49,586 8 or more people - add \$5,616 for each extra person

Select only one

Federal Public Housing Assistance (FPHA)

Medicaid

Supplemental Nutrition Assistance Program (SNAP)

Supplemental Security Income (SSI)

Veterans Pension or Survivors Pension

Total Household Income at or below 135% of the
Federal Poverty Guidelines

If you checked *Total Household Income* above, provide the number of people in your household.

SECTION 3 - Certification

By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge AND that:

_____ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ I **certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined by federal law.

_____ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

_____ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,

_____ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

_____ I **acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature*

Date*

Send the completed form and proof of eligibility to:

MAIL: Bledsoe Telephone Cooperative P.O. Box 609, Pikesville, TN 37367 **EMAIL:** sherrybtc@bledsoe.net **FAX:** 423.447.7241

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

For Office Use Only: Type of Documentation _____ Date Reviewed _____ Reviewed by _____ Lifeline Household Worksheet? Yes No Date NLAD Queried _____

BLEDSOE TELEPHONE COOPERATIVE

Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on phone service (home or wireless) or broadband internet service (home or wireless) but not both. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ Telephone Number _____

Address _____

Street	Apt.	City	State	Zip
--------	------	------	-------	-----

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?

_____ **No.** Please answer question 2 below.

_____ **Yes.** If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?

_____ **No.** Please check **OPTION A** below and **SIGN THIS FORM.**

_____ **YES.** Please answer question 3 below.



3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?

_____ **No.** Please check **OPTION C** below and **SIGN THIS FORM.**

_____ **Yes.** If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.

Please check the box below for the one that applies to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature_____ Date_____

Please return the signed form to Bledsoe Telephone Cooperative at P.O. Box 609, Pikesville, TN 37367;
Email: sherrybtc@bledsoe.net; Fax: 423.447.7241

	<p>FIRST REVISED SHEET NO. 49 REPLACING ORIGINAL SHEET NO. 49 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p>
	<p>BLEDSON TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p>LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges</u></p> <p> <u>RESERVED FOR FUTURE USE</u></p>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLEDSON TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

D

D

	<p>FIRST REVISED SHEET NO. 50 REPLACING ORIGINAL SHEET NO. 50 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p>
	<p>BLEDSON TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p>LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges</u></p> <p> <u>RESERVED FOR FUTURE USE</u></p> <div style="text-align: right; margin-top: 200px;">D</div> <div style="text-align: right; margin-top: 300px;">D</div>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLEDSON TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

	<p style="text-align: center;">FIRST REVISED SHEET NO. 51 REPLACING ORIGINAL SHEET NO. 51 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p> <p style="text-align: center;">BLEDSON TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p style="text-align: center;">LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges</u></p> <p>3.11 <u>Federal Lifeline Program</u></p> <p>The federal Lifeline Program is a retail local service offering designed to make telephone and/or broadband service available at reduced rates to qualifying low-income customers.</p> <p>3.11.1 <u>General</u></p> <ul style="list-style-type: none"> (A) A qualifying low-income customer subscribing to designated federal Lifeline Program Services, as outlined in this tariff, is eligible to receive federal reductions to either his/her monthly tariffed residential local exchange access line rate and federal subscriber line charge or his/her monthly retail rate for an eligible broadband service. The qualifying low-income customer can only receive one federal discount on one service option. (B) Nothing in this section shall prohibit a customer who is otherwise eligible for the federal Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications service. (C) The federal Lifeline Program rate reductions do not apply to service connection charges, except that customers eligible for the Tribal Link Up Program (if applicable) will receive a 100% reduction, up to \$100.00, on applicable service connection charges, as provided in this section of tariff. (D) The Company may not disconnect the service of a federal Lifeline Program customer for the non-payment of toll charges unless the Company has received a waiver from the Commission allowing disconnection of service for this reason. (E) Upon subscribing to the federal Lifeline Program, a customer will be offered a subscription, at no charge, to toll blocking service (in exchanges where technically available) which denies the customer access to the long distance telecommunications network; however, the customer is under no obligation to accept the subscription to toll blocking. 	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLEDSON TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

	<p>FIRST REVISED SHEET NO. 52 REPLACING ORIGINAL SHEET NO. 52 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p> <p>BLEDSON TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p style="text-align: center;">LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges (Continued)</u></p> <p>3.11 <u>Federal Lifeline Program (Continued)</u></p> <p>3.11.1 <u>General (Continued)</u></p> <p>(F) The Company will waive number portability charges, subject to the tariff, for the Lifeline customer.</p> <p>(G) The federal Lifeline Program rate reductions will only be issued on a going-forward basis and will not be available on a retroactive basis except as directed by the Commission.</p> <p>(H) Partial payments made by Lifeline customers will be applied first toward charges for local service.</p> <p>3.11.2 <u>Designated Federal Lifeline Program Services</u></p> <p>(A) The Company shall offer the voice telephony service and broadband service defined to be qualified, or designated, federal Lifeline Program service as enumerated in 47 Code of Federal Regulations §54.101(a)(1) and (2) (relating to Supported Services for Rural, Insular and High Cost Areas).</p> <p>(B) For voice service, the federal Lifeline Program rate reductions apply only to basic local exchange service and do not apply to non-basic services, regulated or non-regulated, such as long distance service or custom calling services. Customers may subscribe to these services, where available, at their discretion.</p> <p>(C) For broadband service, the federal Lifeline Program rate reductions apply to the monthly recurring retail rate for eligible broadband service provisioned by the Company or its affiliated Internet Service Provider.</p> <p>(D) All designated federal Lifeline Program services are subject to minimum service standards delineated in 47 Code of Federal Regulations §54.408.</p>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLEDSON TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE:</p> <p>TITLE: General Manager</p>

	<p style="text-align: center;">FIRST REVISED SHEET NO. 53 REPLACING ORIGINAL SHEET NO. 53 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p> <p style="text-align: center;">BLEDSON TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p style="text-align: center;">LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges (Continued)</u></p> <p>3.11 <u>Federal Lifeline Program (Continued)</u></p> <p>3.11.3 <u>Eligibility Requirement</u></p> <p>(A) Qualifying Low-income (Eligible) Customer Criteria</p> <p>The federal Lifeline Program rate reductions will be provided per eligible customer, limited to one discount per eligible household location. The applicant must certify that their annual household income is at or below 135% of the annual federal poverty guidelines, be an eligible resident of Tribal lands, or participate in, or have a person or child who resides in the customer household who participates in, a program identified in 47 Code of Federal Regulations § 54.409.</p> <p>(B) Obligations of the Customer</p> <ol style="list-style-type: none"> 1) Each subscriber to Lifeline must certify in writing to the Cooperative, under penalty of perjury, that he/she receives benefits under one of the following programs: Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Federal Public Housing Assistance or Veterans and Survivors Pension Benefits. To qualify based on income criteria, income at or below 135% of the Federal Poverty Guidelines, the customer will contact the Tennessee Regulatory Authority (TRA) for an application which must be returned with proof of income. Participating providers will receive confirmation of applicant eligibility from the TRA within three (3) business days of receipt of the applicant query. 2) A customer who is eligible for the federal Lifeline Program, but does not subscribe to a designated federal Lifeline Program service at the time of application, shall be responsible for initiating a request for a designated federal Lifeline Program service from the Company before any federal Lifeline Program discounts will be administered. <p>(C) Federal Lifeline Program customers will lose their federal Lifeline Program eligibility once they cease to meet income criteria or cease to participate in one of the qualified programs. Customers will be notified by the Company for loss of eligibility and an opportunity given to prove eligibility. Reduced billing under the federal Lifeline Program will be terminated if eligibility ceases.</p>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLEDSON TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

	<p style="text-align: center;">ORIGINAL SHEET NO. 54 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p> <p style="text-align: center;">BLEDSON TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p style="text-align: center;">LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges</u> (Continued)</p> <p> 3.11 <u>Federal Lifeline Program</u> (Continued)</p> <p> 3.11.4 <u>Service Connection and Charges</u></p> <p> (A) Service connection charges do not apply to eligible customers with existing, qualifying service converting to the federal Lifeline Program.</p> <p> (B) Service connection charges may apply when:</p> <p> (1) Existing eligible customers request additional non-qualifying services at the time federal Lifeline Program reduced billing is initiated, or anytime thereafter.</p> <p> (2) New customers (those without existing local exchange access service) eligible for the federal Lifeline Program first order a designated federal Lifeline Program service.</p> <p> (3) Existing eligible customers request any subsequent moves or changes to their service after the initial connection to the federal Lifeline Program.</p> <p> (C) In instances where service connection charges apply, customers qualifying for the federal Lifeline Program may qualify for the Tribal Link-Up Program (if applicable) and may be eligible to receive a reduction in the applicable service connection charges as provided in this section of the tariff.</p> <p> (D) Applicable service connection charges for the Company are specified in this section of the tariff.</p>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLEDSON TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

	<p style="text-align: center;">ORIGINAL SHEET NO. 54 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p> <p style="text-align: center;">BLED SOE TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p style="text-align: center;">LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges</u> (Continued)</p> <p>3.11 <u>Federal Lifeline Program</u> (Continued)</p> <p>3.11.5 <u>Federal Lifeline Program Rate Reduction</u></p> <p>The Company shall provide reduced billing for all federal Lifeline Program eligible customers within its service area after receipt of the list of eligible customers from NLAD. In instances where the customer makes direct inquiries regarding participation in the Lifeline program to the Company, the Company shall make every effort to assist the customer by explaining the necessary steps to become eligible to participate in the Lifeline Program and the required forms for eligibility certification.</p> <p>(A) If the eligible customer's existing voice or broadband service arrangements meet the federal Lifeline Program criteria, the Company shall provide reduced billing as indicated above.</p> <p>(B) If the eligible customer's existing voice or broadband service arrangements do not meet the federal Lifeline Program criteria, the Company shall:</p> <p style="padding-left: 40px;">(1) advise the eligible customer by direct mail of the impending termination of his or her Lifeline service; and</p> <p style="padding-left: 40px;">(2) allow a subscriber 30 days following the date of the impending termination letter required to demonstrate continued eligibility.</p> <p style="padding-left: 40px;">(3) If the eligible customer chooses to make the necessary changes to their service arrangements, the eligible customer will receive reduced billing per the federal Lifeline Program at the time the change is effective or at the time new service is established.</p> <p>(C) If the Company charges a federal End User Common Line Charge (a.k.a. Federal Subscriber Line Charge), the federal Lifeline Program support amount must be applied to waive the federal End User Common Line Charge for federal Lifeline Program subscribers.</p>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLED SOE TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

	<p style="text-align: center;">ORIGINAL SHEET NO. 55 GENERAL SUBSCRIBER SERVICES TARIFF STATE OF TENNESSEE</p> <p style="text-align: center;">BLED SOE TELEPHONE COOPERATIVE PIKEVILLE, TENNESSEE</p>
<p style="text-align: center;">LOCAL EXCHANGE SERVICE</p> <p>3.0 <u>Service Connection Charges</u> (Continued)</p> <p>3.11 <u>Federal Lifeline Program</u> (Continued)</p> <p>3.11.5 <u>Federal Lifeline Program Support Amount</u></p> <p>The Company shall apply federal Lifeline Program rate reductions, per eligible customer, as described below.</p> <p>(A) The Company shall grant federal support to qualifying low-income consumers up to \$9.25 per month, subject to the support amount directed by the Federal Communications Commission in 47 Code of Federal Regulations § 54.403 regarding Lifeline support amount.</p> <p>(B) The federal Lifeline Program discounts shall not result in a rate of less than zero charged for the customer's qualifying voice or broadband service.</p> <p>(C) Tribal Lands Support Amount (where applicable). Additional federal Lifeline support of up to \$25 per month will be made available to qualifying eligible residents of Tribal lands.</p>	
<p>ISSUED: JANUARY 9, 2017 ISSUED BY: BLED SOE TELEPHONE COOPERATIVE BY: Greg Anderson</p>	<p>EFFECTIVE: TITLE: General Manager</p>

Bledsoe Telephone Cooperative Corporation

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Bledsoe Telephone Cooperative Corporation hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

Tenn College of Applied Technology
Seq Co School Supt
Mary E Baldwin MD
Lewis Chapel Vol Fire Dept
Pikeville City Office
Waterworks Shop
Headquarters
Wellcare Family Medicine
Debbie Daniel MD
Headquarters
Pikeville Urgent Care PLLC
Standifer Orthodontics PLLC
Bledsoe Community Food Bank

103 Heard St, Dunlap, TN 37327
219 Fredonia Rd, Dunlap, TN 37327
15115 Rankin Ave, Dunlap, TN 37327
4760 Henson Gap, Dunlap, TN 37327
2280 Main St, Pikeville, TN 37367
38770 SR 30, Pikeville, TN 37367
10821 Park Rd, Spencer, TN 38585
517 Russell St, Ste C, Dunlap, TN 37327
15166 Rankin Ave, Dunlap, TN 37327
1996 Village Camp Rd, Spencer, TN 38585
344 Church St
7315 State Route 28
3357 Main St

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY